

**STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
ENVIRONMENTAL HEALTH ADMINISTRATION  
DIVISION OF MILK CONTROL**

**FIELD AUTHORIZATION TO SHIP MILK**

**NAME** \_\_\_\_\_ **PERMIT NUMBER** \_\_\_\_\_

**DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_ **RECEIVER** \_\_\_\_\_

☐ **REINSTATEMENT FOLLOWING SUSPENSION**      ☐ **APPLICATION FOR PERMIT APPROVED**

**PERMISSION IS HEREBY GRANTED TO SHIP OR DELIVER THE MILK PRODUCED ON THIS FARM TO STATE PERMITTED MILK PLANTS EFFECTIVE AT ONCE PROVIDED THIS AUTHORIZATION ACCOMPANY THE FIRST SHIPMENT OR DELIVERY OF THE MILK. THIS PERMISSION MAY BE RESCINDED FOR DUE CAUSE.**

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**HEALTH DEPARTMENT REPRESENTATIVE**

**I HEREBY CERTIFY THAT THE MILK PRODUCED ON THIS FARM HAS NOT BEEN REFUSED OR  
REJECTED FOR SANITARY REASONS WITHIN THE PAST 30 DAYS.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HEALTH DEPARTMENT REPRESENTATIVE